PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10806327

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
<u></u>			(Columi	1.1)	(Colu	Jmn 2)	1	TYPE		OR	OR SMALL ENTITY	
TOTAL CLAIMS			4.7					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			47mi	nus 20=	. 27		·	X\$ 9=		OR	X\$18=	486 -
INDEPENDENT CLAIMS			19 m	inus 3 =	6			X43=		OR	X86=	Sil.
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1770	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN
(Column 1) (Colum						(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	*	Minus	**		= ,		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CI AIRA	<u> -</u>		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n 2)	(Column 3)		DDN. FEE (. '	ADDII. FEE	
8		CLAIMS		HIGHE	ST		Г		ADDI-	ſ		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT	,	PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	`	OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=	,	OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM					· · · · ·		
							L	+145=		OR	+290=	
		•					Al	TOTAL DDIT, FEE	•	OR ,	TOTAL UDDIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)		•				·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	十	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740=		OR	A00=	
• 14	the entry in colur	nn 1 is less than the	anto, in only	nn 0 ,	'0" in an			+145=		OR	+290=	
** H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
T	he "Highest Num	mber Previously Paid ber Previously Paid	TOF IN THIS For" (Total or	SPACE is Independen	less than nt) is the l	13, enter "3." highest number		DIT. FEE L	opriate box			